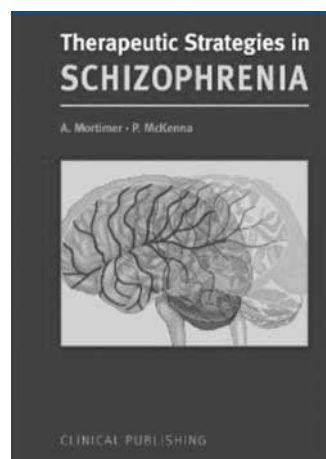


should therefore be cautious about inferring too much about the nature and scope of normal human moral reasoning based solely on a small group of highly selected individuals with antisocial behaviours. In my experience, the most common and significant failures of moral reasoning happen every day in the minds of ordinary men and women.

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Therapeutic Strategies in Schizophrenia

Edited by Ann Mortimer & Peter McKenna.
Clinical Publishing. 2010.
£49.99 (hb). 256pp.
ISBN: 9781846920356

Given my work in a child and adolescent mental health services-based early intervention team working with adolescents and young adults with first-episode psychosis, I was interested in reviewing this book. Its collection of well-written, handily sized chapters should appeal to many working with individuals with schizophrenia. Several authors are academics but their reference to their own clinical experience suggests practice familiar within the National Health Service (NHS); a particularly pragmatic and valuable example of this is Ann Mortimer's chapter on the role and effectiveness of additional drugs in schizophrenia.

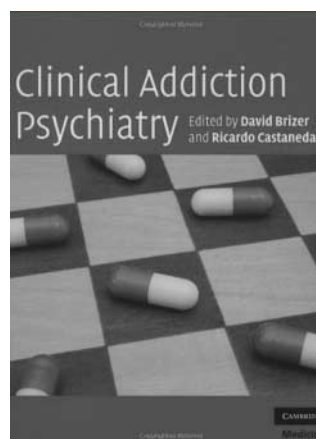
There are 14 chapters in this volume. The authors are a mix of British academics and NHS clinicians and several overseas academics. Ann Mortimer is the Head of Psychiatry at Hull University, UK and her co-editor Peter McKenna is a research psychiatrist based in Barcelona, Spain. There are several chapters on the aetiological understanding of schizophrenia, one on neurochemical theories of schizophrenia (McKenna) and two succinctly covering structural and functional brain imaging; the former, by Salgado-Pineda, Pomarol-Clotet and McKenna, addresses implications for pathophysiology, whereas the latter, from Howes and Kapur, focuses on therapeutic inferences. There is a clear emphasis on the pharmacological management of schizophrenia with individual chapters addressing medical side-effects of antipsychotic agents (Frighi), the current status of clozapine (Kelly & Buchanan) and disturbed behaviour and its management (Dye). A helpful brief overview of treatment strategies in early psychosis is included (Drake & Lewis), although clinicians familiar with early intervention teams and their approaches will not find much new content here. The title wording of the chapter by Cheng and Jones I found particularly apt – 'Second generation atypical versus first-generation conventional antipsychotic drug treatment in schizophrenia: another triumph of hope over experience?' McKenna critically

reviews the merit of cognitive therapy approaches in the treatment of schizophrenia and concludes, rewording text from Tarrier & Wykes' 2004 influential paper, that cognitive-behavioural therapy use in schizophrenia should be considered 'a cautionary tale', rejecting the authors' alternative of 'cautious optimism'.

In conclusion, this volume of edited papers is an up-to-date exposition of clinically relevant themes in the contemporary management of schizophrenia, with the chapter lengths being easy to manage and the reference lists recent and thorough. This book should appeal to higher trainees anticipating working within adult psychiatry teams or destined for early intervention specialist services. Consultant psychiatrists wishing a quick up-to-date refresher of the management of schizophrenia will also find it useful.

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Clinical Addiction Psychiatry

Edited by David Brizer & Ricardo Castaneda.
Cambridge University Press. 2010.
£75.00 (hb). 268pp.
ISBN: 9780521899581

This is a multi-author book edited by two New York-based psychiatrists. All of the 30 or so contributors are from the USA. It is brief for such a textbook at around 260 pages but the list price is £75. The back cover tells us that the book is aimed at addiction counsellors, with a hope that it will be of interest to patients, families and physicians.

Unexpectedly for a multi-author book, most of the chapters have a consistent tone and style, best described as clinical lore leavened with the occasional reference to supportive peer-reviewed evidence. Only the chapters on pharmacotherapy and dialectic behaviour therapy attempt a systematic review of published evidence. There is much accumulated clinical experience described across other chapters, and the value which readers draw from this will vary depending on their own experience and whether their interests and inclinations match those of the authors. I found the chapter on cosmetic psychopharmacology, which covered caffeine, methylphenidate and steroids, interesting and novel. The section on ibogaine, a drug derived from a west African plant which has been reported to help with withdrawal and relapse prevention in opiate and cocaine dependence, was well researched and informative.

Too many of the other chapters, though, were subjective and selective for this to be recommended as a comprehensive textbook for any readership. To a UK reader, the absence of any reference to brief interventions in a chapter on substance misuse in primary care seems inexplicable. There is little on harm reduction.